

Category	English Story	Data Tab
2	Susan Heme visits Dr. Hemonc with a suspected diagnosis of Chronic Lymphocytic Leukemia (CLL). Ongoing problems that are currently being monitored include osteoarthritis. Dr. Hemonc performs a bone marrow aspiration. Diagnosis of indolent CLL is confirmed. Dr. Hemonc notes that her only symptom at this time is anemia. Her weight loss is not considered significant. After discussing treatment options, Susan agrees to close monitoring without any treatment until symptoms appear. She was given a diet to follow and a follow up appointment. She is instructed to call if she has any new symptoms before her next appointment.	Cat2 Case3

Category 2 Case 3

templateID	Data Element	Code/Value	Display Name	Code System OID	Code System Name	Conformance
2.16.840.1.113883.10.20.3	Header					
2.16.840.1.113883.10.20.3	Date Case Report Exported	5/3/2012				SHALL
2.16.840.1.113883.10.20.3	Patient Last Name	HEME				SHALL
2.16.840.1.113883.10.20.3	Patient Name Suffix					SHOULD
2.16.840.1.113883.10.20.3	Patient First Name	SUSAN				SHALL
2.16.840.1.113883.10.20.3	Patient Middle Name	JEAN				SHALL
2.16.840.1.113883.10.20.3	Patient Maiden Name	RAMERRE				SHOULD
2.16.840.1.113883.10.20.3	Patient Name Alias					SHOULD
	Patient Address					SHALL
	Patient Street Address	6932 132nd Street				SHALL
	City	Ann Arbor				SHALL
	State	MI		2.16.840.1.113883.6.92	FIPS 5-2 (State)	SHALL
	Postal Code	48103		2.16.840.1.113883.6.231	US Postal Codes	SHALL

	Country	USA	United States	1.0.3166.1	ISO 3166-1	SHALL
	Start Date	8/2/1974				SHALL
	End Date	2/14/2010				SHALL
	Patient Street Address	1122 Kellogg Street				SHALL
	City	Battle Creek				SHALL
	State	MI		2.16.840.1.113 883.6.92	FIPS 5-2 (State)	SHALL
	Postal Code	49014		2.16.840.1.113 883.6.231	US Postal Codes	SHALL
	Country	USA	United States	1.0.3166.1	ISO 3166-1	SHALL
	Address History: Start Date	2/15/2010				SHALL
	Address History: End Date					SHALL
2.16.840.1.1 13883.10.20. 3	Patient Telephone	2693231777				SHALL
2.16.840.1.1 13883.10.20. 3	Patient Sex/Gender	F	Female	2.16.840.1.113 883.5.1	HL7 Administrative Gender	SHALL
2.16.840.1.1 13883.10.20. 3	Patient Date of Birth	7/14/1950				SHALL
2.16.840.1.1 13883.10.20. 3	Patient Medical Record Number	1492842-3				SHALL
2.16.840.1.1 13883.10.20. 3	Patient Social Security Number	372-96-9999		2.16.840.1.113 883.4.1	United States Social Security Administration (SSA)	SHALL
2.16.840.1.1 13883.10.20. 3	Patient Race	2106-3	White	2.16.840.1.113 883.6.238	Race & Ethnicity - CDC	SHALL
2.16.840.1.1 13883.10.20. 3	Patient Race (multiple)			2.16.840.1.113 883.6.238	Race and Ethnicity - CDC	MAY
2.16.840.1.1 13883.10.20. 3	Patient Ethnicity	2186-5	Not Hispanic or Latino	2.16.840.1.113 883.6.238	Race and Ethnicity - CDC	SHALL
1.3.6.1.4.1.1 9376.1.7.3.1. 1.14.1	Patient Birth Place	MI	Michigan	2.16.840.1.113 883.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.1 13883.10.20. 3	Patient Marital Status	M	Married	2.16.840.1.113 883.5.2	HL7 Marital Status	SHALL

2.16.840.1.1 13883.10.20. 3	Physician Name	Ralph Hemonc				SHALL
2.16.840.1.1 13883.10.20. 3	Physician ID (NPI)	4173589522		2.16.840.1.113 883.4.6	NPI	SHALL
2.16.840.1.1 13883.10.20. 3	Physician Street Address	7290 Bell Street				SHALL
2.16.840.1.1 13883.10.20. 3	City	Battle Creek		2.16.840.1.113 883.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.1 13883.10.20. 3	State	MI		2.16.840.1.113 883.6.231	US Postal Codes	SHALL
2.16.840.1.1 13883.10.20. 3	Postal Code	49014				SHALL
2.16.840.1.1 13883.10.20. 3	Country	USA	United States	1.0.3166.1	ISO 3166-1	SHALL
2.16.840.1.1 13883.10.20. 3	Physician email					SHALL
2.16.840.1.1 13883.10.20. 3	Physician Telephone	2698297448				SHALL
2.16.840.1.1 13883.10.20. 3	Physician specialty	207RH0003X	Hematolog & Oncology [Internal Medicine]	2.16.840.1.113 883.6.101	NUCC Health Care Provider Taxonomy	SHALL
2.16.840.1.1 13883.10.20. 3	Provider Organization ID	6745896584		2.16.840.1.113 883.4.6	NPI	SHALL
2.16.840.1.1 13883.10.20. 3	Provider Organization Name	Battle Creek Clinic				SHALL
2.16.840.1.1 13883.10.20. 3	Provider Organization Street Address	7290 Bell Street				SHALL
2.16.840.1.1 13883.10.20. 3	City	Battle Creek				SHALL
2.16.840.1.1 13883.10.20. 3	State	MI		2.16.840.1.113 883.6.92	FIPS 5-2 (State)	SHALL

2.16.840.1.1 13883.10.20. 3	Postal Code	49014		2.16.840.1.113 883.6.231	US Postal Codes	SHALL
2.16.840.1.1 13883.10.20. 3	Country	USA	United States			SHALL
2.16.840.1.1 13883.10.20. 3	Provider Organization Telephone	2698297448				SHALL
1.3.6.1.4.1.1 9376.1.4.1.3. 1	[Encompassing Encounter]					SHALL
1.3.6.1.4.1.1 9376.1.4.1.3. 1	Provider Referred From ID (NPI)	2483591576				SHALL
1.3.6.1.4.1.1 9376.1.4.1.3. 1	Provider Referred From Name	William General				SHALL
2.16.840.1.1 13883.10.20. 3	Provider Referred From Street Address	9876 Cereal Blvd.				SHALL
2.16.840.1.1 13883.10.20. 3	City	Battle Creek				SHALL
2.16.840.1.1 13883.10.20. 3	State	MI		2.16.840.1.113 883.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.1 13883.10.20. 3	Postal Code	49014		2.16.840.1.113 883.6.231	US Postal Codes	SHALL
2.16.840.1.1 13883.10.20. 3	Country	USA	United States			SHALL
2.16.840.1.1 13883.10.20. 3	Provider Referred From Telephone	2693334444				SHALL
1.3.6.1.4.1. 19376.1.5.3 .1.3.16.1	Coded Social History Section					SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.13.4	Usual Occupation	3255	Registered nurses	2.16.840.1.113 883.6.240	U.S. Census Occupation Code	SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.13.4	Usual Industry	8190	Hospitals	2.16.840.1.113 883.6.310	U.S. Census Industry Code	SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.13.4	Smoking Status	4280410001 24106	Current some day smoker	2.16.840.1.113 883.6.96	SNOMEDCT	SHALL

1.3.6.1.4.1. 19376.1.5.3 .1.1.5.3.7	Payers Section					SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.17	Primary Payer at Diagnosis	3811	Federal, State, Local not specified - HMO	2.16.840.1.113 883.3.221.5	Source of Payment Typology (PHDSC)	SHOULD
		HM	Health Maintenan ce Organizatio n (HMO)	2.16.840.1.113 883.6.255	X12 Data Element 1336	SHOULD
1.3.6.1.4.1. 19376.1.7.3 .1.3.14.1	Cancer Diagnosis Section					SHALL
1.3.6.1.4.1.1 9376.1.7.3.1. 3.14.1	Narrative	B-cell chronic lymphocytic leukemia				SHALL
1.3.6.1.4.1.1 9376.1.7.3.1. 4.14.1	Cancer Diagnosis Entry					SHALL
1.3.6.1.4.1.1 9376.1.7.3.1. 4.14.1	Diagnosis Date	4/22/2012				SHALL
1.3.6.1.4.1.1 9376.1.7.3.1. 4.14.1	Histologic Type	9823	B-cell chronic lymphocytic leukemia	2.16.840.1.113 883.6.43.1	ICD-O-3	SHALL
1.3.6.1.4.1.1 9376.1.7.3.1. 4.14.1		M9823/3	Chronic lymphoid leukemia	2.16.840.1.113 883.6.103	ICD-9-CM	SHALL
1.3.6.1.4.1.1 9376.1.7.3.1. 4.14.1		277473004	B-cell chronic lymphocytic leukemia	2.16.840.1.113 883.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.1 9376.1.7.3.1. 4.14.1	Behavior	3	Malignant, Primary	2.16.840.1.113 883.3.520.3.14	NAACCR Behavior Code	SHALL
1.3.6.1.4.1.1 9376.1.7.3.1. 4.14.1	Diagnostic confirmation	5	Positive laboratory test/marke r study	2.16.840.1.113 883.3.520.3.3	NAACCR Diagnostic Confirmation	SHALL
1.3.6.1.4.1.1 9376.1.7.3.1. 4.14.1	Primary Site	204.1	Lymphoid Leukemia; chronic	2.16.840.1.113 883.6.103	ICD-9CM (diagnoses)	SHALL
1.3.6.1.4.1.1 9376.1.7.3.1. 4.14.1		313229003	All bone marrow of	2.16.840.1.113 883.6.96	Body Site (SNOMEDCT)	SHALL

			ilium (body structure)			
1.3.6.1.4.1.1 9376.1.7.3.1. 4.14.1	Laterality	0	Not a paired site	2.16.840.1.113 883.3.520.3.1	NAACCR Laterality at Diagnosis	SHALL
1.3.6.1.4.1.1 9376.1.7.3.1. 4.14.2	TNM Clinical Stage Entry					SHOULD
1.3.6.1.4.1.1 9376.1.7.3.1. 4.14.2	TNM Clinical Stage Group	NA	Not applicable	2.16.840.1.113 883.15.6	TNM 7th Edition	SHALL
1.3.6.1.4.1.1 9376.1.7.3.1. 4.14.2	TNM Clinical Stage Descriptor			2.16.840.1.113 883.3.520.3.10	NAACCR TNM Clinical Stage Descriptor	SHALL
1.3.6.1.4.1.1 9376.1.7.3.1. 4.14.2	TNM Edition			2.16.840.1.113 883.3.520.3.5	NAACCR TNM Edition Number	SHALL
1.3.6.1.4.1.1 9376.1.7.3.1. 4.14.2	TNM Clinical Staged By			2.16.840.1.113 883.3.520.3.4	NAACCR TNM Clinical Staged By	SHALL
1.3.6.1.4.1.1 9376.1.7.3.1. 4.14.2	TNM Clinical T			2.16.840.1.113 883.3.520.3.6	NAACCR TNM Clinical Tumor	SHALL
1.3.6.1.4.1.1 9376.1.7.3.1. 4.14.2	Date/Time					SHALL
1.3.6.1.4.1.1 9376.1.7.3.1. 4.14.2	TNM Clinical N			2.16.840.1.113 883.3.520.3.7	NAACCR TNM Clinical Node	SHALL
1.3.6.1.4.1.1 9376.1.7.3.1. 4.14.2	Date/Time					SHALL
1.3.6.1.4.1.1 9376.1.7.3.1. 4.14.2	TNM Clinical M			2.16.840.1.113 883.3.520.3.8	NAACCR TNM Clinical Metastasis	SHALL
1.3.6.1.4.1.1 9376.1.7.3.1. 4.14.2	Date/Time					SHALL
1.3.6.1.4.1. 19376.1.5.3 .1.3.6	Active Problems Section					SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.5.2	problem start date	4/12/2009				SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.5.2	problem stop date					SHALL (when Problem Status=completed or aborted) SHALL NOT (when Problem Status does

						not = completed or aborted)
1.3.6.1.4.1.1 9376.1.5.3.1. 4.5.2	Problem	715.00	Osteoarthritis, generalized, degenerative joint disease, involving multiple joints, site unspecified	2.16.840.1.113 883.6.103	ICD-9CM (diagnoses)	SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.5.2		201819000	degenerative joint disease involving multiple joints	2.16.840.1.113 883.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.5.2	Problem Status	ACTIVE				SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.5.2	problem start date	4/22/2012				SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.5.2	problem stop date					SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.5.2	Problem	204.1	Lymphoid Leukemia; chronic	2.16.840.1.113 883.6.103	ICD-9CM (diagnoses)	SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.5.2		277473004	B-cell chronic lymphocytic leukemia	2.16.840.1.113 883.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.5.2	Problem Status	ACTIVE				SHALL
1.3.6.1.4.1.1 19376.1.5.3 .1.1.13.2.7	Progress Note Section					SHALL

	Progress Notes Narrative	Bone marrow aspiration confirmed CLL. Treatment options were discussed. Because patient has only minimal symptoms, including anemia and slight weight loss, the treatment plan is to treat symptoms and actively monitor the CLL (watchful waiting)				SHALL
1.3.6.1.4.1.19376.1.5.3.1.3.28	Coded Results Section					SHALL
1.3.6.1.4.1.19376.1.5.3.1.4.19	Procedure Entry					SHALL
1.3.6.1.4.1.19376.1.5.3.1.4.19	Procedure Code	42622002	Bone marrow aspiration procedure, posterior iliac crest	2.16.840.1.113883.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.19376.1.5.3.1.4.19		38221	Biopsy of bone marrow	2.16.840.1.113883.6.12	CPT-4	SHALL
1.3.6.1.4.1.19376.1.5.3.1.4.19		41.31	Biopsy of bone marrow	2.16.840.1.113883.6.104	ICD-9-CM Procedures	SHALL
1.3.6.1.4.1.19376.1.5.3.1.4.19				2.16.840.1.113883.6.1	LOINC	SHALL
1.3.6.1.4.1.19376.1.5.3.1.4.19	Procedure Date	5/3/2012				SHOULD

1.3.6.1.4.1.1 9376.1.5.3.1. 4.13	Simple Observation Entry					SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.13	Code (Lab Test Name)	48807-2	Bone marrow aspiration report	2.16.840.1.113 883.6.1	LOINC	SHALL
	Value data type (xsi:type)	ST				SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.13	Value	Indolent Chronic Lymphocytic Leukemia				SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.13	Result Units					SHALL (when Value@xsi:type="PQ")
1.3.6.1.4.1.1 9376.1.5.3.1. 4.13	Result Date/Time	5/3/2012				SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.13	Diagnosing Facility	Battle Creek Clinic				MAY
1.3.6.1.4.1.1 9376.1.5.3.1. 4.13	Diagnostic facility ID	6745896584		2.16.840.1.113 883.4.6	NPI	MAY
2.16.840.1. 113883.10. 20.1.12	Procedures Section					SHALL
2.16.840.1.1 13883.10.20. 1.29	Procedure Activity Entry					SHALL
2.16.840.1.1 13883.10.20. 1.29	Procedure			2.16.840.1.113 883.6.1	LOINC	SHALL
2.16.840.1.1 13883.10.20. 1.29		42622002	Bone marrow aspiration procedure, posterior iliac crest	2.16.840.1.113 883.6.96	SNOMEDCT	SHALL
2.16.840.1.1 13883.10.20. 1.29		38221	Biopsy of bone marrow	2.16.840.1.113 883.6.12	CPT-4	SHALL
2.16.840.1.1 13883.10.20. 1.29		41.31	Biopsy of bone marrow	2.16.840.1.113 883.6.104	ICD-9-CM Procedures	SHALL
2.16.840.1.1 13883.10.20. 1.29	Site of procedure			2.16.840.1.113 883.6.96	SNOMEDCT	MAY

2.16.840.1.1 13883.10.20. 1.29	Date of procedure					SHOULD
1.3.6.1.4.1. 19376.1.7.3 .1.3.14.2	Procedure Section - Radiation Oncology					SHALL
	Narrative					SHALL
1.3.6.1.4.1. 19376.1.5.3 .1.3.19	Medications Section					SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Medications Entry					SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Start Date	5/3/2012				SHOULD
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Stop Date					SHOULD
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Timing (Frequency)	QD	Daily			SHOULD
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Route	C38288	Oral	2.16.840.1.113 883.3.26.1.1	NCI Thesaurus	SHOULD
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Dose	2.5				SHOULD
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Dose Unit	mg		2.16.840.1.113 883.11.12839	UnitsOfMeasure CaseSensitive	SHOULD
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Site			2.16.840.1.113 883.12.163	Body Site (HL7)	MAY
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Rate					MAY
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7.2	Product Entry					SHALL
	manufacturedM aterial					SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Code (of Product Name)	198146	Prednisone 2.5 MG Oral Tablet	2.16.840.1.113 883.6.88	RxNorm	SHOULD

1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Name	Deltasone				SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Strength (original text)					SHOULD
1.3.6.1.4.1. 19376.1.5.3 .1.3.21	Medications Administered Section (medications that are administered during the encounter)					SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Medications Entry					SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Start Date					SHOULD
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Stop Date					SHOULD
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Frequency					SHOULD
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Route			2.16.840.1.113 883.3.26.1.1	NCI Thesaurus	SHOULD
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Dose					SHOULD
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Dose Unit			2.16.840.1.113 883.11.12839	UnitsOfMeasure CaseSensitive	SHOULD
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Site			2.16.840.1.113 883.12.163	Body Site (HL7)	MAY
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Rate					MAY
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7.2	Product Entry					SHALL
	manufacturedMaterial					SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Code (of Product Name)			2.16.840.1.113 883.6.88	RxNorm	SHALL

1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Name					SHOULD
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Strength (original text)					SHOULD
1.3.6.1.4.1. 19376.1.5.3 .1.3.31	Care Plan Section					SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.14	Encounters Entry					SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.14	Provider Referred to (NPI) (APT Mood)			2.16.840.1.113 883.4.6	NPI	SHOULD
1.3.6.1.4.1.1 9376.1.5.3.1. 4.14	Provider Referred to Name					SHOULD
2.16.840.1.1 13883.10.20. 3	Provider Referred to Street Address					SHALL
2.16.840.1.1 13883.10.20. 3	City					SHALL
2.16.840.1.1 13883.10.20. 3	State			2.16.840.1.113 883.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.1 13883.10.20. 3	Postal Code			2.16.840.1.113 883.6.231	US Postal Codes	SHALL
2.16.840.1.1 13883.10.20. 3	Country					SHALL
2.16.840.1.1 13883.10.20. 3	Provider Referred to Telephone					SHALL